

State: OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

PACE SERVICES

X The State of Oklahoma has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

_____ The State of _____ has entered into a valid program agreement(s) with a PACE provider(s) and the Secretary, as follows:

Name of PACE provider: _____

Service area: _____

Maximum number of individuals to be enrolled: _____

(This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements.)

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| STATE <u>Oklahoma</u> | A |
| DATE FILED <u>8-26-98</u> | |
| DATE APPROVED <u>10-20-98</u> | |
| DATE TO <u>2-1-98</u> | |
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Supersedes

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